POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smo	<u> </u>	b/20/99
O.I.P.E. CLASSIFIER		8	01-04-00
FORMALITY REVIEW	NC-	70517	1-13.00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

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Claim Date	Claim	Date	Claim	Date )			
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	52		102				
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If more than 150 claims or 10 actions staple additional sheet here